

Questions to the Health Insurance Exchange Workgroup:

1. Does the Department of Insurance have any federal requirements to meet if the state chooses to do nothing?
2. Are the available options for an exchange as follows: (1) a State Based Exchange (SBE or State Exchange), (2) a State Partnership Exchange (Partnership) with the federal government, and (3) a full Federally Facilitated Exchange (FFE)?
3. How much would each option cost to establish initially and to maintain going forward?
4. What funding sources are available for the different exchange options and when and how are the funding sources available?
5. When are the key deadlines and benchmarks for each available option? Is it still possible for the state to establish a SBE or Partnership within the timeframe required by PPACA, and if so, what is the latest date formal work must begin on each?
6. Some critics of establishing a state exchange point to detailed requirements mandated by the federal government. In what ways would each option differ with regard to these requirements and how much flexibility is afforded the state in setting up an SBE or Partnership?
7. Recognizing that the federal government has indicated that a state which starts with a FFE could transition in the future to a Partnership or to a SBE, what are any benefits and disadvantages to this approach? What differences might there be with regard to cost?
8. How will each type of exchange affect the current market, consumers and industry?
9. Does the decision on Idaho choosing to expand or not to expand Medicaid impact the exchange decision, and if so how?
10. What options are available to the state regarding choosing a benchmark plan for the Essential Health Benefits and when must that be done? Does the potential decision by the state in choosing a benchmark plan impact the exchange decision?
11. How do the PPACA requirements regarding reinsurance, risk corridors and risk adjustment impact the exchange decision, if at all?
12. States need to know the details of the operational systems for the federal exchange. The procedural, technical and architectural requirements for linking to the federal exchange have not been released. How can a state know if a state-based exchange is better for our citizens until we know what the contents of a federal exchange will be?
13. Will states considering a state-based exchange be able to determine whether there will be a charge – and if so, how much – to use the federal data hub, advance premium tax credit/cost-sharing reduction service, risk adjustment and transitional reinsurance program?
14. Does the federal government intend to maintain high-risk pools and how will they be financed? What actions will they take in a state that has opted not to operate a high-risk pool or an exchange?

Questions to the Medicaid Eligibility Expansion Workgroup:

1. What are the demographics and the number of individuals who would be included in an expansion population?
2. Is expanding Medicaid in the financial best interests of Idaho?
3. What is the financial impact to Idaho's health care providers with and without expansion?
4. Does expanding Medicaid eligibility improve access to appropriate and necessary health care?
5. What are the health care needs of the Medicaid expansion population?
6. What health care delivery capacity must exist to provide access to an expanded Medicaid population?
7. With the federal funding formula changes beginning in 2014 at 100 percent and decreasing to 90 percent by 2020, what plans would need to be in place to assume responsibility for State matching funds?
8. Is there a way to estimate the future funding needs for the State's 10 percent?
9. To what poverty level, if any change, should Idaho expand its Medicaid eligibility? Are there advantages/disadvantages to setting the poverty level maximum lower than 138 percent?
10. What current programs would be eliminated or reduced if Idaho expands Medicaid eligibility? What would the impact be on the Catastrophic Health Care system?
11. What are the administrative costs of expanding Medicaid eligibility?
12. What administrative costs may decline or be eliminated if Medicaid eligibility is expanded?
13. What State strategies should be pursued, if any, to avoid and/or minimize "crowd out effects" when individuals with commercial insurance drop coverage to obtain Medicaid?
14. How and by whom should coverage be administered if Medicaid eligibility is expanded?
15. What types of outreach strategies should be pursued to enroll individuals if Medicaid eligibility is expanded?
16. If Medicaid eligibility is not expanded is there an option for Idaho to create a program to extend health care services to people who are not eligible for Medicaid or the federal subsidies? How would an alternative option affect the Catastrophic Health Care system?